

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. *23 Sep 98*  
APPLICANT(S) *09/155231*

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        |      | /                      |      |                        |      |
| 2            |          | /    | /                      |      |                        |      |
| 3            | /        |      | /                      |      |                        |      |
| 4            | /        |      | /                      |      |                        |      |
| 5            | /        |      | /                      |      |                        |      |
| 6            | /        |      | /                      |      |                        |      |
| 7            | /        |      | /                      |      |                        |      |
| 8            | 2        |      | 1                      |      |                        |      |
| 9            | 2        |      | 1                      |      |                        |      |
| 10           | 2        |      | 1                      |      |                        |      |
| 11           | 2        |      | 1                      |      |                        |      |
| 12           |          |      |                        |      |                        |      |
| 13           |          |      |                        |      |                        |      |
| 14           |          |      |                        |      |                        |      |
| 15           |          |      |                        |      |                        |      |
| 16           |          |      |                        |      |                        |      |
| 17           |          |      |                        |      |                        |      |
| 18           |          |      |                        |      |                        |      |
| 19           |          |      |                        |      |                        |      |
| 20           |          |      |                        |      |                        |      |
| 21           |          |      |                        |      |                        |      |
| 22           |          |      |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
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| 27           |          |      |                        |      |                        |      |
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| 30           |          |      |                        |      |                        |      |
| 31           |          |      |                        |      |                        |      |
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| 35           |          |      |                        |      |                        |      |
| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
| 41           |          |      |                        |      |                        |      |
| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
| 44           |          |      |                        |      |                        |      |
| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      | 1                      |      |                        |      |
| TOTAL DEP.   |          | 10   |                        |      |                        |      |
| TOTAL CLAIMS |          | 11   |                        |      |                        |      |

|              |      |      |      |      |
|--------------|------|------|------|------|
| *            |      | *    |      | *    |
| IND.         | DEP. | IND. | DEP. | IND. |
| 51           |      |      |      |      |
| 52           |      |      |      |      |
| 53           |      |      |      |      |
| 54           |      |      |      |      |
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| 80           |      |      |      |      |
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| 87           |      |      |      |      |
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| 91           |      |      |      |      |
| 92           |      |      |      |      |
| 93           |      |      |      |      |
| 94           |      |      |      |      |
| 95           |      |      |      |      |
| 96           |      |      |      |      |
| 97           |      |      |      |      |
| 98           |      |      |      |      |
| 99           |      |      |      |      |
| 100          |      |      |      |      |
| TOTAL IND.   |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |